



STATE OF HAWAII
APPLICATION FOR CIVIL SERVICE POSITIONS
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Personnel Office, 830 Punchbowl Street, Room 312, Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job(s) for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- Before applying, read the job requirements described in the **Announcement** carefully to determine if you qualify for the job.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1, 2 and 3 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. CITIZENSHIP STATUS. The requirement for citizenship must be met at the time of application. Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S. (includes persons born in American Samoa, including Swain's Island.)
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other – Non-citizen authorized under federal law to work in the U.S.

If you selected "Other-Non-Citizen" in Question #1D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?

☐ Yes ☐ No

Please explain your "Yes" or "No" answer. _____

2. UNITED STATES MILITARY SERVICE.

Veterans Preference I claim (see description below)

☐ 5 points ☐ 10 points

Serial or Service No.: _____

Date Entered Service: _____

Date Separated From Service: _____

Type of Last Separation:

☐ Honorable ☐ Other than honorable

5 points veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;
B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);
C. In a campaign or expedition for which a campaign badge or service medal was authorized.

10 points veterans preference may be awarded to:

- A. Honorably separated veterans with service-connected disability; including those awarded the Purple Heart;
B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran from State positions in his/her usual occupation;
C. An unmarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.

3. _____
JOB TITLE APPLYING FOR

4. _____
RECRUITMENT NUMBER

5. **NAME:** _____
Last First Middle

**OTHER
NAMES USED
OR FORMER**

6. **LAST NAME:** _____

MAILING

7. **ADDRESS:** _____
P.O. Box or Number and Street

City State Zip Code

E MAIL

8. **ADDRESS:** _____

PHONE

9. **NUMBER:** _____
Home Other

10. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date

Original Signature of Applicant

STATE OF HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

The information on pages 1, 2 and 3 will not be released to persons involved in the appointment process.

Information requested in items 11 through 18 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

11. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO

B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 11A or 11B, please indicate in item #12 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12. _____

13. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? ☐ YES ☐ NO

Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? ☐ YES ☐ NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? ☐ YES ☐ NO

(If you answer "Yes" to question 13A, 13B, or 13C, indicate in item #14 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

14. _____

15. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please indicate in item #16 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

16. _____

17. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? ☐ YES ☐ NO

(If you answer "Yes," to question 17, please explain in detail in item #18 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

18. _____

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Personnel Office, 830 Punchbowl Street, Room 312, Honolulu, Hawaii 96813
An Equal Opportunity Employer

APPLICANT DATA SURVEY
CONFIDENTIAL AND VOLUNTARY
This Page Must Be Submitted Only to the Personnel Office Listed Above

In order to meet the requirements as set forth in Federal guidelines, we need your cooperation and assistance in completing this form. Participation in the survey is confidential and voluntary. Your replies to this survey will not affect your eligibility or opportunity for employment in any way. The data will be used for reporting and personnel research purposes only. This form will not be released to State agencies for the purpose of selecting job applicants.

Complete one Applicant Data Survey form for each job you apply for. If applying for more than one level of work appearing in the same State Department of Labor and Industrial Relations Career Opportunity announcement, complete an additional line for each additional level of work.

NAME: _____ **DATE:** _____

JOB(S) APPLYING FOR:

TITLE	RECRUITMENT NUMBER
_____	_____
_____	_____
_____	_____

AGE: ___ Under 20 ___ 20-24 ___ 25-29 ___ 30-39 ___ 40-49 ___ 50 & over

SEX: ___ Female ___ Male

ETHNIC BACKGROUND CATEGORIES:

Review all the ethnic background categories listed below. Determine the category which you believe best represents your ethnic background. CHECK ONLY ONE.

___ Black	___ Chinese	___ Filipino	___ Hawaiian
___ Part-Hawaiian	___ Japanese	___ Korean	___ Puerto Rican
___ Samoan	___ White*	___ Mixed (other than Part-Hawaiian)	___ Others or Unknown

*Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino and Puerto Rican).

State of Hawai'i Department of Labor and Industrial Relations

Application For Civil Service Positions

EDUCATION AND EMPLOYMENT HISTORY

1. RECRUITMENT NUMBER: _____ 2. JOB TITLE: _____

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Announcement. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle

4. OTHER NAMES USED OR FORMER LAST NAME: _____

5. MAILING ADDRESS: _____
P.O. Box or Street Address

City State Zip Code

E MAIL

6. ADDRESS: _____

7. PHONE NO.: _____
Home Other

8. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit may be verified.

**DO NOT
WRITE
IN THIS
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)					
Did you graduate? Yes: ____ No: ____ If no, what grade level did you complete? ____ Did you receive a GED? Yes: ____ No: ____					
B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.					
NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE:

Are you interested in being considered for a position that requires a valid driver's license? Yes: ____ No: ____

Do you possess a valid driver's license? Yes: ____ No: ____

Driver's License # _____ State: _____ Class/Type: _____ Expiration Date: _____

If the job requires a valid driver's license, or, if you answered "Yes" please submit a clear photocopy of both sides of your driver's license with your application.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration Type/Number number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

Governing Body _____
 State/Expiration _____

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

State of Hawai'i Department of Labor and Industrial Relations

Application For Civil Service Positions

EDUCATION AND EMPLOYMENT HISTORY

10. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month Year</div> To: _____ <div style="text-align: center;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month Year</div> To: _____ <div style="text-align: center;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month Year</div> To: _____ <div style="text-align: center;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month Year</div> To: _____ <div style="text-align: center;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____